

07/06/01

JC984 U.S. PTO



UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | |
|------------------------------------------------|-----------|
| Attorney Docket No. | 862.C2286 |
| First Named Inventor or Application Identifier | |
| KITAHIRO KANEDA | |
| Express Mail Label No. | |

15903 U.S. PTO
09/899283
10/90/40
07/06/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
Box Patent Application
Washington, DC 20231

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) |
| 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="21"/> | a. <input type="checkbox"/> Computer Readable Form (CRF) |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <input type="text" value="5"/> | b. Specification Sequence Listing on: |
| 5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <input type="text" value="1"/> | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) | ii. <input type="checkbox"/> paper |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) | c. <input type="checkbox"/> Statements verifying identity of above copies |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | |

| | |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| ACCOMPANYING APPLICATION PARTS | |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) | <input type="checkbox"/> Power of Attorney |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) | |
| 16. <input type="checkbox"/> Other: | |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

| | | | |
|-----------------------------------------------|-------------------------------------|-----------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in-part (CIP) | of prior application No. ___/___ |
| Prior application information: Examiner _____ | | | Group/Art Unit: _____ |

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| | | | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------|----------|----------------------------------------------------------|--|
| 18. CORRESPONDENCE ADDRESS | | | | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 05514 (Insert Customer No. or Attach bar code label here) | | or <input type="checkbox"/> Correspondence address below | |
| NAME | | | | |
| Address | | | | |
| City | State | Zip Code | | |
| Country | Telephone | Fax | | |



| CLAIMS | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CALCULATIONS |
|--------|----------------------------------------------------------------------------|------------------|-------------------------------|-------------------------------|------------------|
| | TOTAL CLAIMS (37 CFR 1.16(c)) | 11-20 = | 0 | X \$ 18.00 = | \$0 |
| | INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 3-3 = | 0 | X \$ 80.00 = | \$0 |
| | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) | | | \$270.00 = | \$0 |
| | | | | BASIC FEE (37 CFR 1.16(a)) | \$710.00 |
| | | | Total of above Calculations = | | \$710.00 |
| | Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). | | | | 0 |
| | TOTAL = | | | | \$710.00 |
| | | | | | |

19. Small entity status

- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 710.00 to cover the filing fee is enclosed.

21. ☒ A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | |
|-----------|---------------------------------------|
| NAME | Jack M. Arnold |
| SIGNATURE | <i>Jack M. Arnold Reg. No. 25,823</i> |
| DATE | July 5, 2001 |